

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	VINN TRUNG	59	04-05-01531
FORMALITY REVIEW	BZ	JCB-223	05-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
1	5/05/01
2	9/14/01
3	✓ ✓ ✓
4	0 0
5	0 0
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
10	✓ ✓ ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	0 0
14	0 0
15	✓ ✓ ✓
16	✓ ✓ ✓
17	✓ ✓ ✓
18	✓ ✓ ✓
19	✓ ✓ ✓
20	✓ ✓ ✓
21	✓ ✓ ✓
22	0 0
23	0 0
24	✓ ✓ ✓
25	✓ ✓ ✓
26	✓ ✓ ✓
27	✓ ✓ ✓
28	✓ ✓ ✓
29	✓ ✓ ✓
30	0 0
31	✓ ✓ ✓
32	0 0
33	✓ ✓ ✓
34	0 0
35	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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